Sou	Case 1:15-cv-02753-LAP Document 2 Filed 04/07/15 TED STATES DISTRICT COURT THERN DISTRICT OF NEW YORK  LESTER MARROW PROSE OFFICE
(In the	space above enter the full name(s) of the plaintiff(s).)  COMPLAINT
<u></u>	NEW VIK CITY POLICE DEATH Jury Trial: "Yes "No (check one)
	15CV 2753
canno please additio listed	space above enter the full name(s) of the defendant(s). If you t fit the names of all of the defendants in the space provided, write "see attached" in the space above and attach an onal sheet of paper with the full list of names. The names in the above caption must be identical to those contained in Addresses should not be included here.)
I.	Parties in this complaint:
A.	List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.
Plaint	Street Address 608 UEST 135 Street #SA  County, City NEW YORK, N.Y. 1003/ State & Zip Code N. Y. 1003/ Telephone Number 212 234-0267
В.	List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.
Defer	ndant No. 1 Name NEW YORK CITY POLICE DEPARTMENT

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•		County, City		
		State & Zip Code		
		Telephone Number		
Defenda	nt No. 2	Name		
Detenda	110. 2	Street Address		
		County, City State & Zip Code		
		Telephone Number		
Defenda	nt No. 3	Name		
		Street Address		
		County, City		
		State & Zip Code		
		Telephone Number		
Defenda	nt No. 4	Name		
		Street Address		
		County, City		
		State & Zip Code		
		Telephone Number		
II.	Basis for Juri			
Federal cases in U.S.C. question	courts are couvolving a fede § 1331, a cas	arts of limited jurisdiction. Only two types of cases can be heard in federal court: cral question and cases involving diversity of citizenship of the parties. Under 28 te involving the United States Constitution or federal laws or treaties is a federal 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another n damages is more than \$75,000 is a diversity of citizenship case.		
A.	What is the ba	usis for federal court jurisdiction? (check all that apply)		
	Federal Questions   □ Diversity of Citizenship			
В.	If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right			
	is at issue?	HAVE BEEN VIOLATED OPPHE TOUR		
	NON YOS.	SESION OF NATCOTICS, A JULY OF 12 PEOPLE TOUN		
C.	If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?			
	Plaintiff(s) sta	te(s) of citizenship		
	Defendant(s) s	state(s) of citizenship		

## III. Statement of Claim:

State as briefly as possible the <u>facts</u> of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events.

,	You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.
	A. Where did the events giving rise to your claim(s) occur? JUY AQUITAL  OF POSSESION OF NATCOTICS IN SUPREME COURT.
	B. What date and approximate time did the events giving rise to your claim(s) occur? 200 A+ 9:45 PM 135 STREET BroAJWAY & VIVERS ICHE
	NEW YORK NY. 10031
What	c. Facts: I WAS Arrested, Dossesion of NATCODOS QUEINA 2000, MATCH 18
happened to you?	WITH TWO CO-DEFENDATS, SHAWNIE THOMAS, CARE, JONES
Who did what?	AMORAN MY CO-DETENDANT ACTUALLY POSSESSED
	I was efforged for possesion although drugs were a
Was anyone else involved?	SHAWNIE TARMAS and MS. CARE IDENOTHAVE MS. CARE FULL HAME
	Dersonally stewas a triend to Ms. THOMAS
Who else saw what happened?	I was Arrested IN Front OF Bus Stop RESTAURANT 135 Broadway & Rivers 12
	NO WITNESSES OF THE INTIAL AFFECTI
	IV. Injuries:
	If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received

V. Relief:				
State what you want the Court	to do for you and the amount of monetary compensation, if any, you are			
seeking, and the basis for such	compensation. I Seek COMPENSATION			
	For HA 2 YEARS HAT			
I ACTUALL	WENT HOUGH PAIN, SUFFERIN			
M.ENTAL AN	alls H. LOSS OF TIME From Wor'K			
WHILE Atten	ding triAL HEATINGS AS WELL			
AS COMPENS	AtioN AME IN referente of			
DEING TOTA	LI V BOTTANONDO NIVETANADAL LEING.			
TALCANTIEN	Toda ad well As terrotted			
FOR MV F	ENTURP DURINA HAT DERION HAT			
MY SONS YM	OF AT THE AGE OF 3 VEARS OLD			
111 4 30/03 1 000	10 11 S YEARS			
	•			
I declare under penalty of pe	erjury that the foregoing is true and correct.			
Signed this day of	, 20			
	Signature of Plaintiff 24 Mange			
	Mailing Address 1608 WEST 135 Stree			
	AD HE - A A FIN VAC D A 11 100			
	M # 51 1000 FOIL, 10 4 100			
	Telephone Number 347 849 - 5089			
	Fax Number (if you have one)			
Note: All plaintiffs named in	n the caption of the complaint must date and sign the complaint. Prisoners ir inmate numbers, present place of confinement, and address.			
must unso provide uns.	,,,,,,			
For Prisoners:				
I declare under penalty of perjury that on this day of, 20, I am delivering this complaint to prison authorities to be mailed to the <i>Pro Se</i> Office of the United States District Court for the Southern District of New York.				
	Signature of Plaintiff:			

Inmate Number